



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501
HELENA MT 59620-2501
www.opi.state.mt.us
(406) 444-3095
(888) 231-9393
(406) 444-0169 (TTY)

Linda McCulloch
Superintendent

June 2005

To: School Food Authority Administrators – Milk Only Programs

From: Christine Emerson, Director
School Nutrition Programs

Re: **NEW THIS YEAR:** Changes to the Administrative Requirements

The Certification of Acceptance Agreement, Common Assurances and Free and Reduced-Price Policy Statement that were previously signed remain in effect and must be maintained in your permanent file. *If your school does not have a copy of these on file, please let us know.*

You must update your school agreement and information with this office online at the web site: www.opi.mt.gov/schoolfood/index.html by **September 15, 2005**. The majority of the information and forms to assist you in meeting the annual requirements of the School Nutrition Programs are also available on the School Nutrition Programs Web site. Please access the Web site to download and print forms for your school's use. For your convenience, we have enclosed the yearly Administrative Update packet. All of these forms are also available online. Please see the enclosed Free and Reduced Price application packet for further instruction.

If you need assistance, please contact Holly Humphrey at (406) 444-4413 or hhumphrey@mt.gov; or Kim Pullman at (406) 444-3532 or kpullman@mt.gov.

Enclosures

SCHOOL NUTRITION PROGRAMS SPECIAL MILK PROGRAM

ADMINISTRATIVE UPDATE

2005-2006



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
Toll Free: 1-888-231-9393, Local: 406-444-3095
www.opi.mt.gov

2005-2006 SFA REQUIREMENTS CHECK SHEET

Special Milk Program

		<u>Date Completed</u>
Updated Sponsor and Site Information Sheet(s)	Complete by September 15, 2005 <i>Submit online to School Nutrition</i>	_____
HACCP Plan	Plan in place by SY 2005? Yes _____ No _____	
Two Sanitation Inspections	Date Notice sent to County Sanitarian: _____ <i>Retain copy of notice in your files</i> Date First Inspection Completed: _____ Date Second Inspection Completed: _____	
Civil Rights Self-Evaluation	Complete by October 31, 2005 <i>Retain in your files</i>	_____
Verification of Free and Reduced-Price Meal Applications	Complete by November 15, 2005 <i>Retain in your files</i>	_____
Verification Summary	Complete by December 15, 2005 <i>Submit to School Nutrition Programs</i>	_____
Meal Counting and Claiming Self-Review	Complete by February 1, 2006 <i>Retain in your files</i>	_____
School Wellness Policy www.opi.mt.gov/schoolfood/wellness.html	Policy in place by July 1, 2006	_____



**Office of Public Instruction
School Nutrition Programs
STAFF DIRECTORY**

TELEPHONE NUMBERS

School Nutrition Programs	General Information	(406) 444-2501
Christine Emerson	Director	(406) 444-2502
Sofia Janik	Program Officer/Accountant	(406) 444-2521
Judy Wilson	Food Distribution Coordinator	(406) 444-4415
Kenadine Johnson	Cooperative Bid Coordinator	(406) 444-4412
Kim Pullman	Program Specialist	(406) 444-3532
Holly Humphrey	Program Specialist	(406) 444-4413
Lori Rittel	Program Specialist	(406) 444-4416
Alison Routzahn	Administrative Assistant	(406) 444-2501
Katie Bark	Team Nutrition Education Specialist	(406) 994-5641 # 1
Amy Guza	Team Nutrition Trainer	(406) 994-5641 # 2
Molly Stenberg	Team Nutrition Trainer	(406) 994-5641 # 4

FAX NUMBERS

School Nutrition Programs	(406) 444-2955
Team Nutrition	(406) 994-7300

E-MAIL ADDRESSES

Christine Emerson	cemerson@mt.gov
Sofia Janik	sjanik@mt.gov
Kenadine Johnson	kennie@mt.gov
Judy Wilson	juwilson@mt.gov
Holly Humphrey	hhumphrey@mt.gov
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Lori Rittel	LRittel@mt.gov
Alison Routzahn	aroutzahn@mt.gov
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Molly Stenberg	stenberg@montana.edu
Debi Miller	debimiller@montana.edu

MAILING ADDRESSES

School Nutrition Programs	Office of Public Instruction School Nutrition Programs PO Box 202501 Helena, MT 59620-2501
Team Nutrition	Team Nutrition Program Montana State University PO Box 173360 Bozeman, MT 59717-3360

OFFICE OF PUBLIC INSTRUCTION SCHOOL NUTRITION PROGRAMS WEB SITE

<http://www.opi.mt.gov/schoolfood/index.html>



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Linda McCulloch
Superintendent

July 2005

To: School Food Authority Administrators – Milk Only

From: Christine Emerson, Director
School Nutrition Programs



Re: NEW THIS YEAR: Instructions for School Districts: Free and Reduced-Price School Meals Application

The following forms are available on our Web site and are **required** to successfully administer the School Nutrition Programs. If you have trouble downloading any of these forms, please contact our office at (406) 444-2501. Required forms include:

- The Public Release.
- The Letter to Households (*front and back: must be sent with the free and reduced-price application*).
- The 2005-06 Free and Reduced-Price Application (*front and back*).
- The Parent/Guardian Notification Letter (*must be sent for all applications received*).
- The Notification of Change in Eligibility (*sent if benefits are changed*).
- The 2005-06 Income Eligibility Guidelines (*these are the official guidelines that are used to determine free and reduced-price eligibility based on income*).

Insert your district's specific information in the **[bold bracketed fields]**. If you make additional changes, you must submit them to the state agency for approval. The pages are designed to be printed on 8½" x 11" paper. For your convenience, we have enclosed a NEW document; the Student Eligibility Documentation for Transfer Students.

The Department of Public Health and Human Services mails a Direct Certification Letter each year in August to each household eligible for food stamps. Please ask families receiving the letter to submit it to the district. An application does not need to be completed if the Direct Certification letter is on file in your school district.

Enclosures

PUBLIC RELEASE
SPECIAL MILK PROGRAM

[Name of District] announces the 2005-06 policy for free and reduced-price milk for students whose schools participating in the Special Milk Program. The complete policy is on file in the central office and may be reviewed by any interested party.

Children from households whose income is at or below the levels shown in the following household size and income criteria chart may be eligible for free milk. The Special Milk Program is available only to kindergarten children who do not have access to school lunch or breakfast.

FEDERAL INCOME CHART For School Year 2005-06			
Household size	Yearly(\$)	Monthly(\$)	Weekly(\$)
1	17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
Each additional person:	6,031	503	116

Application forms will be sent to each home with a letter to parents or guardians. To apply for free milk, households must fill out the application and return it to the school. If a household is eligible for food stamps the household will receive a Direct Certification letter from the Montana Department of Public Health and Human Services in the mail. **This letter may be used in place of the school meals application.**

Applications may be submitted at any time during the year. Under the provisions of the free milk policy, a school official will review applications and determine eligibility. Households will be notified of eligibility determination. At any time during the school year, program officials may verify an application. Households dissatisfied with the ruling of the official may wish to discuss it with the school. Households also have the right to a fair hearing. This may be done by calling or writing to:

[Hearing Official]

[Address]

[Telephone]

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202/720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

2005-2006 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

One Application per Household: Application is Good for One School Year

Part 1. Children in School (Use a separate application for each foster child):

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	If your child is receiving Food Stamps, TANF, or FDPIR* list case number:
*If you listed a Food Stamp, TANF, or FDPIR case number for EACH child, Skip to Part 4.			

Part 2. Foster/Institutionalized Child; Migrant, Homeless or Runaway Child:

Check if this application is for a: <input type="checkbox"/> foster/institutionalized child. <i>Each foster child needs a separate application.</i> <input type="checkbox"/> migrant <input type="checkbox"/> homeless, or <input type="checkbox"/> runaway child List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____. Skip to Part 4.

Part 3. Total Household Income from last month:

1. Names of every person in the household	2. Income for every person in the household. Specify how often it was received (weekly, monthly, every other week, etc.) Seasonal workers and farmers use annual income. Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly			
Name(s)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Part 4. Signature and Social Security Number (Adult must sign):

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number (see Privacy Act Statement on the back of this page). <i>I certify that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.</i>	
Printed Name of Adult _____	Telephone _____
Address _____ City/ZIP _____	
Signature _____	Date _____
Social Security Number: ____ - ____ - _____	

Part 5. Children's racial and ethnic identities (optional): check one or more as applicable

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White		

For School Use Only

Do Not Write Below This Line

For School Use Only

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2	
Determination based on (check one): <input type="checkbox"/> Income Household: Total Income _____ per _____ Household Size _____	
<input type="checkbox"/> Food Stamp/TANF/FDPIR Household	
<input type="checkbox"/> Migrant, Homeless, or Runaway Child (Categorically Eligible)	
Check the box that applies: Approved for: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price	
Temporary approval for: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price Temporary approval until: _____	
Denied for: <input type="checkbox"/> Income Over <input type="checkbox"/> Incomplete/Missing Information	
Determining Official's Signature: _____	Date: _____

Your child(ren) may qualify for free or reduced-price meals or free milk if your household income falls within the limits on this chart. Women, Infants and Children (WIC) participants may also be eligible for free and reduced-price meals, and are encouraged to apply.

FEDERAL INCOME CHART For School Year 2005-06			
Household size	Yearly(\$)	Monthly(\$)	Weekly(\$)
1	17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
Each additional person:	6,031	503	116

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child(ren) for free or reduced-price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, TANF, or FDPIR case numbers for all children you are applying for, OR if you are applying for a foster child. We will use your information to see if your children are eligible for free or reduced-price meals, to run the program, and to enforce the rules of the program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

LETTER TO HOUSEHOLDS – PRICING PROGRAMS
Special Milk Program

[Insert District Letterhead]

Dear Parent/Guardian:

[Name of District] offers milk every school day. Your children may buy milk for **[\$]** per half-pint.

To apply for free milk, use the Free and Reduced-Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [Name, Address, Telephone].**

Here are answers to questions you may have about applying:

1. Who can get free or reduced-price milk? Children in households getting Food Stamps, TANF, or FDPIR, and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free milk.

2. Will the information I give be checked? Yes, we may ask you to send written proof of the information you give.

3. If I don't qualify now, may I apply again later? Yes. You may apply or re-apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF, or FDPIR.

4. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[Name, Address, Telephone].**

If you have other questions or need help, call **[Toll Free Telephone]** at no cost.

Sincerely,

[Signature]

INSTRUCTIONS FOR APPLYING

List all children in the household on the same application with the exception of foster children. Use a separate application for each foster child.

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1:** List the child's name, school, and grade.
Part 2: List the child's personal use monthly income, if any.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

If your household gets FOOD STAMPS, TANF, or FDPIR, follow these instructions:

- Part 1:** List each child's name, school, grade, and Food Stamp, TANF, or FDPIR case number. Indicate which (Food Stamp, TANF, or FDPIR) the child is eligible to receive.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** List each child's name, school, and grade.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. Attach another sheet of paper if you need to.
Column 2–Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your supervisor can tell you. Next to the amount, write how often you got it (annually, weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Workers' Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income (Line 22 on 1040 Form.)
Column 3–Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and list his or her Social Security Number.
Part 5: Answer this question if you choose to.

PARENT/GUARDIAN NOTIFICATION LETTER
FOR FREE MILK
PRICING PROGRAM

[Date]

Dear Parent/Guardian:

Your application for free milk for your child(ren) has been:

- ☐ Approved
- ☐ Temporarily approved for free milk until _____
- ☐ Denied for the following reason(s):
 - ☐ Income is over the allowable amount
 - ☐ Incomplete application. The following information is missing _____
 - ☐ Other _____

If you do not agree with the decision, you may discuss it with the school official. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing to the following hearing official:

[Hearing Official]

[Address]

[Telephone]

If approved for free milk, your household application is good for one school year. If you did not qualify, you may reapply for free milk benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in household size, or qualify for food stamps, FDPIR, and/or TANF benefits, you may fill out an application at that time.

Sincerely,

[Signature]

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202/720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2005 to June 30, 2006)

If more than one income is reported, all income should be converted to a monthly figure before a determination is made. The conversion formula is as follows:

Weekly Income X 4.33
 Every Two Weeks X 2.15
 Twice a Month (Semi-Monthly) X 2

Household Size	Free Meals					Reduced-Price Meals				
	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	12,441	1,037	240	479	519	17,705	1,476	341	681	738
2	16,679	1,390	321	642	695	23,736	1,978	457	913	989
3	20,917	1,744	403	805	872	29,767	2,481	573	1,145	1,241
4	25,155	2,097	484	968	1,049	35,798	2,984	689	1,377	1,492
5	29,393	2,450	566	1,131	1,225	41,829	3,486	805	1,609	1,743
6	33,631	2,803	647	1,294	1,402	47,860	3,989	921	1,841	1,995
7	37,869	3,156	729	1,578	1,538	53,891	4,491	1,037	2,073	2,246
8	42,107	3,509	810	1,755	1,711	59,922	4,994	1,153	2,305	2,497
For each additional family member, add	4,238	354	82	163	177	6,031	503	116	232	252

DAILY RECORD FORM SPECIAL MILK PROGRAM

[illegible]

INSTRUCTIONS

Milk Carry-Over: Record the number of half pints remaining from the previous month.

Date: Record the date of each milk service. If August and June operate for less than 10 days, record the numbers on the September and May claims.

Milk Purchased: Record the number of half pints purchased/delivered under the appropriate date. Record the total purchased/delivered for the month on the bottom of the form.

Cost: Record the invoice cost of milk purchased. Record the average cost per half pint (total cost divided by total number served) on the monthly claim.

Paid & Non-Pricing Milk: Record the number of half pints served to students not eligible for free milk or in non-pricing programs. *Though milk is served at no cost to students in non-pricing programs, it is not reimbursed at the free rate.*

Free: Record the number of half pints served to students with approved applications for free milk.

Adult Milk: Record the number of half pints served to adults or for other non-reimbursable use. The minimum charge should be the cost of the milk.

Milk Remaining: Record the number of half pints remaining on the last day of the month. Transfer the number to the Milk Carry-Over section on the Daily Record Form for next month.

Maintain at District Office – Do Not Mail to State Agency

Revised 07/05



Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620-2501